Case 2:16-bk-50838 Doc 35 Filed 08/15/16 Entered 08/15/16 15:15:32 Desc Main Document Page 1 of 4

Fill	in this information t	to identify your ca	ase:								
Del	btor 1	Bruce L. Ed	dins, Jr.			_					
	btor 2 buse, if filing)					_					
Uni	ited States Bankrup	tcy Court for the	: SOUTHERN DISTRIC	T OF OHIO		_					
Cas	se number 2:1	6-bk-50838					Check	c if this is	:		
(If kr	nown)						■ Ar	n amende	ed filing		
										g postpetition ollowing date:	
<u>O</u>	fficial Form	<u> 1061</u>					M	M / DD/ `	YYYY		
S	chedule I:	Your Inc	ome								12/1
spo atta	use. If you are sep ch a separate she	parated and you	are married and not filir ir spouse is not filing wi On the top of any addition	th you, do not inclu	de inforr	natic	n about	your sp	ouse. If mo	ore space is	needed,
1.	Fill in your empl information.	oyment		Debtor 1				Debtor	2 or non-fi	ling spouse	
	If you have more		Empleyment status	☐ Employed				☐ Empl	oyed		
	attach a separate information about employers.	1 0	Employment status	■ Not employed				□ Not e	employed		
	Include part-time	coaconal or	Occupation								
	self-employed wo		Employer's name								
	Occupation may or homemaker, if		Employer's address								
			How long employed th	nere?							
Par	rt 2: Give De	tails About Mor	nthly Income								
spou If yo	use unless you are	separated. spouse have mo	ate you file this form. If your than one employer, cothis form.	,			yers for t	hat perso	on on the li	nes below. If	J
							For Deb	tor 1		btor 2 or ng spouse	
2.			ry, and commissions (becalculate what the monthly		2.	\$		0.00	\$	N/A	-
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

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Deb	tor 1	Bruce L. Eddins, Jr.	_	Case n	umber (if kn	own)	2:16	-bk-508	838	
				For I	Debtor 1			Debtor		
	Con	y line 4 here	4.	\$	0	.00	\$	n-filing s	spouse N/A	1
_				Ť—			*_			-
5.		all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$.00	\$_		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.	\$.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$_		.00	* *		N/A	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$ \$.00	φ_		N/A N/A	_
	5e. 5f.	Domestic support obligations	5e. 5f.	\$.00	φ_ \$		N/A	_
	5g.	Union dues	5g.	\$.00	<u>\$</u> -		N/A	_
	5h.	Other deductions. Specify:	5h.+			.00	+ \$ _		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$.00	\$		N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$.00	\$ \$		N/A	-
8.		all other income regularly received:	••	–		.00	Ψ_		11//	-
0.	8a.	Net income from rental property and from operating a business,								
		profession, or farm								
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.	\$	850	.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	t				_			_
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.	\$.00	\$_		N/A	_
	8d.	Unemployment compensation	8d.	\$.00	\$_		N/A	_
	8e.	Social Security	8e.	\$	0	.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
	_	Specify:	8f.	\$.00	\$_		N/A	_
	8g.	Pension or retirement income	8g.	\$	0	.00	\$_		N/A	-
	8h.	Other monthly income. Specify: Moms Temporary Contribution until Debtor back to work	8h.+	\$	207	.72	+ \$_		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,057	72	\$		N/A	A
			_				Ľ			1
10.		tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	,057.72	+ \$		N/A	= \$ _	1,057.72
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedule</i> ide contributions from an unmarried partner, members of your household, your friends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not cify:	r depen	,	,		,		e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certa								
	appli	·	iii Liabi	nuos ai	id related	Dan	<i>a,</i> 11 10	12.	\$	1,057.72
13.	_ `	ou expect an increase or decrease within the year after you file this form	1?						Combi monthl	ned y income
			hla 4a	Worls	for 20 d		⊔	ill was '	hie rer	ainina
		401k proceeds to fund the plan until back to wor	rk.			-				aming
		In addition, Debtor has started receiving rental in	ncome	as he	e is renti	ng o	ut his	reside	nce.	

Official Form 106I Schedule I: Your Income page 2

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Fill	I in this information to identify your case:				
	btor 1 Bruce L. Eddins, Jr.		Che	eck if this is: An amended filing	
1	btor 2		ā	A supplement sho	wing postpetition chapter f the following date:
Unit	ited States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO			MM / DD / YYYY	
	2:16-bk-50838 known)				
0	official Form 106J				
S	chedule J: Your Expenses				12/1
info	e as complete and accurate as possible. If two married people are formation. If more space is needed, attach another sheet to this fo mber (if known). Answer every question.				
	rt 1: Describe Your Household				
1.					
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	□ No □ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses fo</i>	or Separate Househ	old of De	btor 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the dependents names.	Son		11	■ No □ Yes
		Son		13	■ No □ Yes
		Daughter		 15	■ No □ Yes
					□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				Li Yes
Est	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you penses as of a date after the bankruptcy is filed. If this is a supple plicable date.				
the	clude expenses paid for with non-cash government assistance if ye value of such assistance and have included it on <i>Schedule I: Yo</i>			Your exp	penses
4.	The rental or home ownership expenses for your residence. Incorpayments and any rent for the ground or lot.	clude first mortgage	4.	\$	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	150.00
	4b. Property, homeowner's, or renter's insurance		4b.	\$	160.00
	4c. Home maintenance, repair, and upkeep expenses		4c.		0.00
5.	 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as hom 	e equity loans	4d. 5.	·	0.00 0.00

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6. Utilities: 6a. Electricity, heat, natural gas 6b. Water, sawer, garbage collection 6c. Telephone, cell phone, lethernet, satellite, and cable services 6c. \$ 0.00 6c. Telephone, cell phone, lethernet, satellite, and cable services 6c. \$ 0.00 6c. Other. Specity: 6d. \$ 0.00 7. Food and housekeeping supplies 7. \$ 0.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 0.00 10. Personal care products and services 10. \$ 0.00 11. Medical and dental expenses 11. \$ 0.00 12. Transportation, include gas, maintenance, bus or train fare. Do not include care payments. 12. \$ 0.00 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15c. Other insurance, specify: 17d. Care payments for Vehicle 1 17d. Other, Specify: 17d. Other, Speci	Deb	eter 1 Bruce L. Eddins, Jr.	Case number	r (if known)	2:16-bk-50838
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Food and housekeeping supplies 7. \$ 0.00		6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$		0.00
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10. S 0.00	8.	Childcare and children's education costs	8. \$		0.00
Medical and dental expenses	9.	Clothing, laundry, and dry cleaning	9. \$		0.00
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24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor is currently living with Mother until he gains employment and mother is paying all food expenses, etc. and helping out with budget until Debtor can be gainfully employed